



Direct Debit Request Form

Date: I/we:

My/our address:

request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which Aurora Energy Pty Ltd ("The User") (User ID No. 29022) may debit or charge me/us through the Direct Debit system.

I/we acknowledge that I/we have read the Direct Debit Request Service Agreement information supplied with this brochure.

I/we understand I/we can terminate this arrangement authority at any time.

Please Direct Debit from my/our account:

Title of Bank Account:

Bank Name:

Bank BSB No.:

Bank Account No.:

Bank Address:

Signature(s):

OR please Direct Debit from my/our credit card (Bankcard, Visa, Mastercard only):

Note: Direct Debit discount does not apply to credit card arrangements

Credit Card No.:

Credit Card Expiry Date:

Signature(s):

Please indicate Direct Debit of your choice.

Quarterly bill when it comes due: and/or

Advance payments against quarterly bill:

Advanced payments are credited to your bill (note: minimum payment is \$15). Choose your preference:

Monthly: Amount \$

Every 4 weeks: Amount \$

Fortnightly: Amount \$

Weekly: Amount \$

I wish these payments to commence on:

Contact phone number(s):

My electricity account No.:

(from your last bill)